

EL PASO FESTIVALS AND CULTURAL EVENTS

DUE WITHIN 30 DAYS OF COMPLETION OF PROJECT, OR SEPTEMBER 15 WHICHEVER COMES FIRST.

THE FINAL REPORT CONSISTS OF 5 PAGES, PLUS THE MATRIX PAGE.

This report will be compared to your **APPLICATION BUDGET/INCOME AND EXPENSES** that is attached to your **Signed Contract**

Organization Fiscal Year:	BEGIN _____	END _____
	Mo/Day/Year	Mo/Day/Year
Actual event dates:	BEGIN _____	END _____
	Mo/Day/Year	Mo/Day/Year
Project development dates:	BEGIN _____	END _____
	Mo/Day/Year	Mo/Day/Year

(DATES SHOULD MATCH APPLICATION)

Legal Name of Applicant Organization _____
 Umbrella Covered entity if applicable _____
 Department (if applicant is Educational Institution) _____
 Mailing Address (with Zip Code) _____
 Street Address (with Zip Code) _____
 Phone, Fax & E-mail _____
 Federal Employer's Identification Number _____
 Authorized Official/Board Chair _____
 Project/Executive Director _____

- **PERSONNEL INFORMATION** - Number of participating artists and non-artist personnel.

Total # of **artists** _____

of paid artists _____

of un-paid artists _____

of guest artists _____

of minority artists _____

(may not always equal 100%)

Total # of **non-artist personnel** _____

of full-time personnel _____

of part-time personnel _____

of volunteers _____

- **ACTIVITY INFORMATION** - Schedule and ticket prices.

Number of activities per month: _____

Average price per event: \$_____

Number of months per year: _____

Price range: \$_____ to \$_____

Hours open to public: _____

Total number free admissions: _____

- **NUMBER OF EVENTS/ATTENDANCE** - each category. **Example: 2/300 means 2 events with a total attendance of 300 people.**

Performances _____ / _____

Conferences _____ / _____

Lecture/Demonstrations _____ / _____

Publications _____ / _____

Master Classes _____ / _____

Commissions (original works) _____ / _____

Seminars/Workshops _____ / _____

Residencies _____ / _____

Open Rehearsals _____ / _____

Other _____ / _____ (Specify): _____

Exhibitions _____ / _____

Festivals _____ / _____

Total attendance of all events: _____

How was attendance determined? _____

Location of activities/events: _____

Review the Project Description described in the "**Budget**" that was attached to your Signed Contract. Explain **any** deviations below. Attach another page if needed.

Rate success of the project:

- ☐ Exceeded all objectives
- ☐ Exceeded some objectives
- ☐ Met all objectives
- ☐ Met some objectives
- ☐ Did not meet objectives

Attach extra pages if you need more space for these items.

Explain the rating:

List the strengths of the project:

List the weaknesses of the project:

List all organizations involved in the planning, support and/or implementation of the project:

Describe how project was publicized (Attach copies of all publicity, including press releases, public service announcements, print ads and articles. Also **attach copies of all posters, programs and flyers with credit line for ACD marked**):

If you plan to continue this project, how will you structure and fund it in the future?

(CHECK ONE)

Invitations/schedules for events were:

☐ Delivered to ACD for distribution to ACD Board members

We hereby certify that the statements contained in this report are true and correct and represent the complete accounting of this project to the best of our knowledge.

NOTE: Please use BLUE ink for signatures. PRINT YOUR COMPLETE LEGAL NAME

Authorized Official/Board Chair – Signature Complete Legal Name (print) Date

Project/Executive Director – Legal Signature Complete Legal Name (print) Date

HOTEL/MOTEL STATISTICS

These statistics are an important measure of the economic impact of the arts on the local economy and will assist the City's Arts and Culture Department in justifying its funding programs supported by the Municipal Hotel/Motel Tax.

To gather this information effectively, organizations should record the statistics relevant to **all guest artists and their traveling parties (including technical staff)**.

1. If the project included GUEST ARTISTS (from outside El Paso), complete the following:

- How many guest artists were involved in the project?_____
- How many people were in the artist's traveling party (including technical staff)?._____
- Where did they come from? (Be specific)....._____
- Where did they stay while in El Paso? _____
- How many "room nights" did they use? ("Room nights" means the number of rooms occupied times the number of nights.) ._____

2. Complete the following regarding AUDIENCE MEMBERS:

Include a brief questionnaire in your program, ask for a show of hands of visitors or have a guest book to sign.

- Estimate how many audience members (total) traveled from outside El Paso to attend event/program? _____
- How many people were in the average traveling party?_____
- Where did they travel from? (Be specific)._____
- Where did they stay while in El Paso?_____
- How many "room nights" did they use? ("Room nights," means the number of rooms occupied times the number of nights.) ._____

*Financial Information***INCOME**

ROUND FIGURES TO NEAREST DOLLAR.

1. CASH from Prior Year(s) or Organizational Funds

Available for this Project

\$

Total Cash Available \$0**2. EARNED INCOME**

a. Admission charges, subscriptions, box office

\$

b. Concessions, sales, parking, publications, advertisers, etc.

\$

c. Tuition, class/workshop fees

\$

d. Contracted services (performances, exhibitions, etc.)

\$

e. Interest on investments, endowments

\$

f. Rental income

\$

g. Other earned income (specify) _____

\$

Total Earned Income \$0**3. UNEARNED INCOME** Mark **P** for Pending or **C** for Committed**GOVERNMENT SUPPORT (Itemize)**a. Local Government (**Not** through this grant)

\$

P ☐ C ☐

b. Hotel/Motel tax

\$

P ☐ C ☐c. Other city (**Not** Hotel/Motel tax)

\$

P ☐ C ☐

d. County/Regional

\$

P ☐ C ☐e. State (**Not** TCA)

\$

P ☐ C ☐

f. Funding Directly from TCA

\$

P ☐ C ☐g. Federal NEA ☐ NEH ☐ Other _____

\$

P ☐ C ☐

h. Other unearned income (specify) _____

\$

P ☐ C ☐**PRIVATE SUPPORT (Itemize)**

a. Fundraising/Benefits

\$

P ☐ C ☐

b. Individual contributors/sponsors

\$

P ☐ C ☐

c. Memberships

\$

P ☐ C ☐

d. Corporations/Businesses

\$

P ☐ C ☐

e. Foundations

\$

P ☐ C ☐

f. Other (specify) _____

\$

P ☐ C ☐**Total Unearned Income To Date** \$0**CASH RESOURCES (Total of Sections 1, 2, and 3 above)**

\$0

Should reflect TOTAL income to date

ACD FUNDING Total ACD Award

\$

Total

\$0

TOTAL CASH RESOURCES Should reflect actual total income (Cash and ACD)

\$0

Income and Expense figures will not be equal if your project had a deficit or surplus

*Financial Information***ROUND FIGURES TO NEAREST DOLLAR**

A	+	B	=	C
Cash		ACD		TOTAL
		Funding		(A+B)

EXPENSES TO DATE**1. ORGANIZATIONAL PERSONNEL**

If Educational Institution, please indicate if the cash match of this section is for RT (Release Time) or S&W (Salaries & Wages)

a. Administrative	\$	\$	\$0
b. Artistic	\$	\$	\$0
c. Technical	\$	\$	\$0
d. Other (Specify) _____	\$	\$	\$0
e. Fringe Benefits	\$	\$	\$0

Total Organizational Personnel

\$0	\$0	\$0
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2. IMPLEMENTATION

a. Fees for Outside Professional Services/Contracts			
i. Administrative	\$	\$	\$0
ii. Artistic	\$	\$	\$0
iii. Technical	\$	\$	\$0
b. Space Rental	\$	\$	\$0
c. Travel and Transportation	\$	\$	\$0
d. Other (Specify) _____	\$	\$	\$0

Total Implementation

\$0	\$0	\$0
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3. MISCELLANEOUS OPERATING EXPENSES

a. Equipment Rental	\$	\$	\$0
b. Shipping	\$	\$	\$0
c. Supplies and Materials	\$	\$	\$0
d. Exhibition Rental Fees	\$	\$	\$0
e. Marketing and Promotion	\$	\$	\$0
f. Printing	\$	\$	\$0
g. Insurance	\$	\$	\$0
h. Production or Exhibit Costs (Specify)	\$	\$	\$0
_____	\$	\$	\$0
i. Other Expenses (Specify)	\$	\$	\$0
_____	\$	\$	\$0
j. Other Artistic Fees	\$	\$	\$0

Total Misc. Operating Expenses

\$0	\$0	\$0
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TOTAL EXPENSES (Sections 1, 2, & 3 above)

\$1	\$2	\$0
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Submit ALL of the figures from the beginning to date of your project. SHOULD BE THE SAME AS FIGURES ON PAGE 1.

1. Name of Organization _____

	(If applicable)	Comments (if any)
2. Project Title		
3. Dates of Project		
4. # of Events		
5. # of Local Artists		
6. # of Guest Artists		
7. # of Minority Artists		
8. ACD Funding	\$	
9. (a) Your Match/ (b) Total Budget	(a) \$	(b) \$
10. Total Attendance		
11. # of Hotel Nights		
12. Location of Program (s)		
13. # of Conferences		
14. # of Commissions		
15. # of Seminars		
16. # of Exhibitions		
17. # of Performances		
18. # of Open Rehearsals		
19. # of Lectures/Demos		
20. # of Publications		
21. # of Master Classes		
22. # of Residencies		
23. Other		
24. Origin of Audiences if known		
25. # Professional Artists		
26. # Amateur Artists		
27. # Paid Artists		
28. # Un-paid Artists		
30. # Non-Artist Volunteers		
31. # Full Time Personnel		
32. # Part Time Personnel		